	IMPORTANT	City of Ionia Inco			200	<b>J</b> 4	I-1040	APRIL 30	
Complete the following  DID YOU FILE A 2003  IONIA RETURN?  Yes No If no, explain		INDIVIDUAL INCOME TAX RETURN First Name & Middle Initial Last Name					Your Social Se		.,
		Spouse's First Name & Middle Initia Last Name					Spouse's Social Security Number		
id	es, is the name(s) and address dentical to your prior return? Yes No If no, explain	Street Address P.O. Box			OFFICE		JSE ONLY		
Your occupation City or Town State					Zip Code		OTTIOL	JOE OIVET	
S	Spouse's occupation	RESIDENCY STATUS	Part Year Re	sidents must ı	use the Part Yea	ar Form.			
		Resident of the Cit	y of Ionia	N	on-Resident				
	FILING STATUS  Married filing joint  Married filing separately  Single or Individual Return						1		
	EXEMPTIONS				Name		curity Number	Relationsh	nip
풀   -	Regular over 65	Blind Deaf Disabled	Total						-
	ourself	A							
<b>}</b>   s	Spouse	В							
7   2	Dependents (enter total number listed at right)  C								
ATTACH YOUR PAYMENT HERE	GRAND TOTAL OF EXEMPTIONS  D Enter this number on Line 10 below								
<u> </u>	INCOME Wages, Salaries, Tips, etc (Attach W-2s to this form) lonia Income 1 EMPLOYER'S NAME LOCATION OF ACTUAL WORK STATION Tax Withheld						Wages, Etc		
¥   <u>1</u>	1ST W-2						.00	wages, Lic	.00
$\frac{1}{4}$	ND W-2 RD W-2						.00		.00
<u> </u>	2 Enter Totals 2a						.00	2b	.00
							.00		
	4 LESS: Interest on obligations of the United States or subordinate units 4 .00								
	5 SUBTRACT Line 4 from line 3						5	.00	
		ness, sales, rentals, partnershi	ps, capital gain	s and state lotte	ery winnings, etc	. from page	2, Line B5	6	.00
	7 TOTAL - ADD LINES 2b, 5 and 6						7	.00	
₹	8 LESS DEDUCTIONS - From Page 2, Line C5 9 TOTAL - SUBTRACT Line 8 from Line 7						9	.00	
S	10 LESS: Amount for exemptions Enter number of exemptions from D above () X \$700 =						10	.00	
	11 TOTAL - income subject to tax SUBTRACT line 10 from line 9							11	.00
								12	.00
) [	PAYMENTS AND CREDITS  13 a. Tax withheld by employers from line 2a above - Attach W-2s to this form.  13 a00								
<b>╆</b> │	b. 2004 Estimated tax payments and credits from 2003 tax returns						.00		
ATTACH YOUR							.00		
F	OTHER CITY'S RETURN MUST BE ATTACHED TO RECEIVE CREDIT (Use Worksheet on page 12)								
<u> </u>	d. Other credits - EXPLAIN IN ATTACHED STATEMENT e. TOTAL - Add lines 13 a, b, c and d							13e	.00
	Amounts less than \$1.00 are not refunded or credited  14 IF YOUR PAYMENTS (LINE 13e) ARE LARGER THAN YOUR TAX (LINE 12) ENTER 13e MINUS 12  OVERPAYMENT							14	.00
		Youth Recreation Program Che	ck this box	and ente	r here -	14A	.00		
	B I wish to donate to the C I wish to donate to the		ck this box ck this box	and ente		14B 14C	.00		
	D Please refund this amo			and onto	<b>•</b>	14D	.00		
		E Please credit this amount to my 2005 estimated tax liability  Have your refund directly deposited! See Instructions Page 4 or 9 and fill in 14F, 14G and 14H.							
	F Routing number			G Туре:	Checking	Savings			
	H Account number								
Ī		S PAYABLE TO CITY OF ION ARGER THAN YOUR PAYMENTS (L			payment is necessar	-	nder \$1.00	15	.00
<del>,,,</del>	Amounts due and not p	aid by April 30, 2005 are sub	ject to interes	t and penalty.	he heet of my low '			PAY IN FULL WITH R	
		uiat i nave examined this return, includ	ung accompanying	scriedules, and to t	ne best of my knowle	uge and belief i	t is true, correct and	complete	
PLEA E SIG	Vour cianaturo		Date	Si	gnature of prepare	r other than t	axpayer. This reti	urn Da	ate
HER		s based on all information of which I am know   Spouse's signature   Date   Phone number of preparer: ( )						able.	
				Ch	eck here to give us	permission to		ırn with preparer	
		MAIL COMPLETED RETUI	R <i>N TO CITY C</i> 1-1040 p		BOX 512 TONIA	MI 48846			
			•						

C4c

C5

.00

.00

## ALL TOTALS FROM THIS PAGE GO OVER TO PAGE 1

(SEE THE INSTRUCTIONS FOR LINE BY LINE INFORMATION)

SCHEDULE A - NON-RESIDENTS ONLY (To allocate the wages that were earned inside the city limits of Ionia) A1 Wages, etc., earned partly outside Ionia by non-residents only: (If you need to allocate more than 2 W-2s, please put this information on an attached sheet of paper) COL III COL I COL II \*\*ATTACH DOCUMENTATION TO VERIFY INFORMATION PROVIDED\*\* EMPLOYER #2 EMPLOYER #1 TOTAL EMPLOYER'S NAME a. Total number of days worked for this employer in 2004 b. Actual number of days worked in Ionia (see instructions) c. Days worked outside Ionia (Subtract Line b from Line a) % % d. Percentage of days worked outside Ionia (Line c divided by Line a) e. Wages earned from this job (From the W-2 form) \$ .00 .00 NΩ ΛN A2 Excludable wages (multiply line d by line e) and enter total in Col III NN Α2 SCHEDULE B-OTHER INCOME (Income or loss from business, sales, rentals, partnerships, capital gains, lottery) B1 INCOME OR LOSS FROM BUSINESS - RESIDENTS enter total from Federal Form and attach all Schedule Cs DBA: RESIDENTS enter total from your Federal 1040 Form and attach all Schedule Cs B1a .00 b NON-RESIDENTS use the Schedule I-1040-BA and attach all Schedule Cs B<sub>1</sub>h .00 **B2** INCOME OR LOSS FROM SALE OR EXCHANGE OF PROPERTY Attach a schedule with the following: Description, Date Acquired, Date Sold, Total Gain or Loss, and Taxable Gain or Loss .00 a RESIDENT: Portion of gain or loss which occurred after January 1, 1994 .00 b NON-RESIDENT: Portion of gain or loss on sale of property located in Ionia which occurred after January 1, 1994 B2b .00 B3 RENTALS AND SUPPLEMENTAL INCOME (Attach copies of your related federal schedules) a Rents (NON-RESIDENTS exclude portion earned outside Ionia) LOCATION: ВЗа .00 b Partnership income (NON-RESIDENTS exclude income or loss on partnerships located outside Ionia) LOCATION: B3b .00 DBA: .00 Corporate distributions (do not enter Sub S corp profit or loss they must file I-1120) В3с Corporation name and ID# Other (Identify and attach schedules or documentation) .00 e TOTAL INCOME FROM RENTS AND OTHER SUPPLEMENTAL INCOME ВЗе .00 (Attach copies of your related federal schedules) **B4** OTHER ADDITIONS TO INCOME .00 a Operating Loss or Capital Loss carryovers relating to prior to January 1, 1994 B4a b Other - please attach explanation and appropriate federal schedules R<sub>4</sub>h ΛN c TOTAL OTHER ADDITIONS TO INCOME (add Lines a and b) იი B<sub>4</sub>c **B5 TOTAL FOR SECTION B** Add B1, B2, B3e and B4c. Enter here and on line 6 of page 1. **B**5 .00 **SCHEDULE C - DEDUCTIONS** C1 .00 C1 EXCLUDABLE WAGES - Non residents only. (For wages from W-2s earned 100% outside the city limits of Ionia.) C2 .00 C2 PARTIALLY EXCLUDABLE WAGES - Wages earned outside the City (FOR NON-RESIDENTS ONLY!) Use Schedule A1 above and enter the amount from Line A2 above. C3 IRA CONTRIBUTION as allowed on Federal return RESIDENTS -ENTER THE AMOUNT FROM YOUR FEDERAL TAX RETURN a IRA deduction (attach supporting documentation) .00 C3a NON-RESIDENTS must allocate these deductions Percentage of wages earned inside Ionia (see instructions) C<sub>3</sub>b % c Allowable deduction С3с .00 C4 OTHER DEDUCTIONS - as allowed in the city income tax ordinance a Deduction (Specify type of deduction and attach supporting documentation) C4a .00 Percentage of wages earned inside Ionia (see instructions) C4b %

## SCHEDULE D - OTHER INFORMATION

c Allowable deduction

Use this space to explain why you didn't file a 2003 city return, or to explain any other circumstances which you believe will help us in processing your return.

C5 TOTAL DEDUCTIONS add Lines C1, C2, C3c, and C4c and enter here and on Line 8 of Page 1